

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 07 / 18 / 2016	

Full Name of Payee Digital Surgeons		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2016	
Mailing Address 1175 State St Ste 219		Amount 1750.00	
City New Haven	State CT	Zip Code 06511	Transaction ID : D630019
Purpose of Expenditure Website content development	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2016	
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		15213.86	

Full Name of Payee Left Hand Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2016	
Mailing Address 477 Bergen Street #3		Amount 3384.00	
City Brooklyn	State NY	Zip Code 11217	Transaction ID : D630020
Purpose of Expenditure Email development	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		15213.86	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5134.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

MM / DD / YYYY
07 / 20 / 2016

Signature